United Nations DP/FPA/CPD/SRB/1

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
30 June 2015

Original: English

Second regular session 2015
31 August to 4 September 2015, New York
Item 11 of the provisional agenda
UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Serbia

Proposed indicative UNFPA assistance:	$2.5 million: $1.5 million from regular resources and $1 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2016-2020)
Cycle of assistance:	First
Category per decision 2013/31:	Pink

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.40	0.40	0.80
Outcome 2	Adolescents and youth	0.45	0.30	0.75
Outcome 4	Population dynamics	0.45	0.30	0.75
Programme coordination and assistance		0.20	–	0.20
Total		1.50	1.00	2.50

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I. Situation analysis

1. The Republic of Serbia is a middle-income country that has undergone dramatic changes in the past 25 years, characterized by political instability, internationally mediated dialogue on normalizing relations with Kosovo (under United Nations Security Council resolution 1244 (1999) and aspirations for accession to the European Union. The state presence in the economy is significant; public debt is 64.3 per cent of the gross domestic product in 2014, and the annual growth rate is 2.5 per cent, with significant regional disparities.

2. According to the 2011 census, the population is 7.186 million (9.031 million with Kosovo). Average life expectancy in 2013 was 75 years (77.68 for women and 72.46 for men). The total fertility rate has dropped below the replacement level: from 2.5 in 1960 to 1.4 in 2012; the share of the population over age 65 has doubled, reaching 17.5 per cent. It is projected to reach about 30 per cent by 2050, thus posing a significant challenge of ageing in the country. There is no in-depth demographic and health research to document the fertility pattern and preferences or gender and intergenerational relations to inform evidence-based population policies.

3. The unemployment rate in 2014 was 20.3 per cent; the youth unemployment rate is 53 per cent, with little disparity for both sexes. Roma communities, people with disabilities and multiple vulnerabilities (ethnic and socioeconomic backgrounds and with less than secondary education) are the most disadvantaged in the labour market.

4. The health system faces challenges due to lack of access to high-quality health-care services, which are often fragmented, with limited data for planning, resulting in increased spending on non-communicable diseases and a high prevalence of risk behaviour. Maternal mortality is low but maternal care standards and emergency obstetrics care services need updating. The capacity of health providers to deliver high-quality sexual and reproductive health services needs strengthening; there is no coherent sexual and reproductive health strategy, and standards for quality of care for sexual and reproductive health services are lacking The floods in May 2014 highlighted the need to better integrate sexual and reproductive health and rights in disaster risk reduction and emergency response.

5. The demand for modern contraceptives is low due to widespread prejudices among medical practitioners and general population and high market prices for contraceptives. According to 2015 data, the total contraceptive prevalence rate for women married or in union is 58.4 per cent, including 18.4 per cent for modern contraception (for Roma women it is 61.2 and 7.2 per cent, respectively). The unmet need for contraception is 14.9 per cent in the general population and 13.9 per cent in Roma women. The estimated maternal mortality rate in 2013 was 13.7 but standardized quality of care is a concern. Cervical cancer is the second leading cause for dying of cancer for women of reproductive age, at 6.4 per cent per 100,000 population.

6. The HIV prevalence is 0.1 per cent, mainly due to unprotected sex; 66 per cent of all newly diagnosed cases in 2012 were among men having sex with men. Comprehensive knowledge of HIV prevention among youth is low: only 28.3 per cent of youth aged 15-24 years correctly identified means of prevention; adolescents (aged 15-19 years) and less-educated youth know far less about HIV/AIDS.

7. The adolescent birth rate in the general population is less than 22 per 1,000 women but much higher for Roma (157 per 1,000 women). Within the Roma population, 17 per cent marry under the age of 15 and 57 per cent marry under the age of 18. Some 84 per cent of adolescent girls in the general population and 40 per cent of Roma girls use condoms in sexual relations with non-regular partners.

8. The gender parity for primary school is 0.99, indicating that there is no difference in the attendance of girls and boys at the primary school level. The secondary school attendance in general population is higher for girls (93 per cent) than boys (86 per cent) but only 28 per cent for Roma boys and 15 per cent for Roma girls. The education system does not include comprehensive life-skills education (including sexuality education), with the exception of a pilot project for children aged 15 years in 66 high schools in the Vojvodina region.

9. Despite progress in guaranteeing the rights of women and gender equality, gender roles are traditionally set and inequalities exist. Sexual and gender-based violence is widespread and underreported, with almost half of the surveyed women experiencing at least one form of violence; 82 per cent of health care professionals didn't receive any education on gender-based violence; there are no integrated multisectoral services for the victims; and there is no effective system to monitor sexual and reproductive health rights, including gender-based violence. Gender-biased prejudices and stereotypes are widespread among young men and boys to the extent that many consider violence against women and gender inequalities justifiable.

II. Past cooperation and lessons learned

10. Since 2007, UNFPA has implemented stand-alone projects, within the United Nations Development Assistance Framework. The UNDAF evaluation and the evaluative evidence highlighted the following for Serbia: (a) sustainable development and social inclusion are still highly relevant; (b) increased focus on the older people due to demographic ageing is needed; (c) investment in core areas of UNFPA work, including achieving positive changes in reproductive health, women's empowerment and population trends, remains relevant; (d) UNFPA should continue to support the realization of international standards by supporting civil society organizations and networks towards universal access to sexual and reproductive health, the realization of reproductive rights, family planning, ageing and empowerment of young people; and (e) UNFPA should continue its efforts in better positioning the office in relation to national counterparts and within the region.

III. Proposed programme

11. The country programme is aligned with national priorities, the United Nations Development Assistance Framework (2016-2020), the UNFPA Strategic Plan, 2014-2017 and the country's aspiration for European integration. Applying a human rights-based approach in all interventions, it will be guided by four key priorities: (a) access to affordable, integrated sexual and reproductive health services that are of high quality and meet human rights standards; (b) strengthened accountability in order to eliminate all forms of discrimination; (c) empowerment of marginalized groups; and (d) development of human rights-based population policies. The programming strategies include advocacy, policy dialogue and advice, capacity building and knowledge management.

A. Outcome 1: Sexual and reproductive health

12. Output 1: Increased capacity of national institutions to deliver integrated sexual and reproductive health services, with a focus on marginalized populations, including in humanitarian settings. UNFPA will focus on reducing inequities, increasing equal access to high-quality maternal care and addressing unmet need for family planning, in line with the Concluding Observations of the United Nations Committee on the Elimination of Discrimination against Women. The programme will advocate and provide technical support to the respective institutions for (a) developing evidence-based policy and administrative frameworks setting up standards of care for all; (b) providing pre- and in-service training to strengthen the capacity of health providers to deliver high-quality sexual and reproductive

health and reproductive rights services; (c) improving population knowledge and skills for safe behaviour and increasing demand for relevant information and equitable services; (d) strengthening reproductive health commodity security; (e) advancing policy work on cervical cancer screening programmes; (f) generating evidence on sexual and reproductive health needs and the health sector response; (g) integrating the Minimum Initial Service Package for reproductive health in crisis situations in emergency preparedness plans; and (h) strengthening the capacity of the health sector to address gender-based violence.

B. Outcome 2: Adolescents and youth

13. Output 1: Increased national capacity to develop and implement policies and programmes that incorporate the rights and needs of adolescents and youth and promote age-appropriate, gender-sensitive comprehensive sexuality education, including in humanitarian settings. The programme will focus on advocacy, policy advice and technical support for (a) development and implementation of gender-sensitive and rights-related policies and strategies on youth, with a focus on marginalized groups, including the Roma, migrants and other key populations at risk of HIV; (b) establishment of participatory advocacy platforms for increased investment in marginalized adolescents and youth; (c) strengthening youth peer-education programming, including gender-transformative programming; (d) development and revision of teaching content on life-skills sexuality education; (e) generation of evidence on the sexual and reproductive health needs of youth; (g) addressing early marriage and teen pregnancies, with a focus on Roma girls and boys; and (h) introducing gender-transformative approaches to youth programmes to engage young men and boys in promoting gender equality and preventing gender-based violence.

C. Outcome 4: Population dynamics

14. Output 1: Strengthened institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on sexual and reproductive health, HIV, population dynamics, and emerging population issues with sustainable development agenda. This will be achieved through advocacy, policy advice and technical support to (a) strengthen national capacities for population data collection, analysis, dissemination and use for informed policy development in the framework of sustainable development agenda; (b) strengthen partnerships for the development of comprehensive rights- and evidence-based population policies, including for interventions on gender-based violence; and (c) policy advice for the Government and civil society to formulate comprehensive programmes in youth, gender and ageing, and to promote intergenerational solidarity.

IV. Programme management, monitoring and evaluation

15. Programme implementation will be guided by the standard operating procedures of the United Nations Development Group for 'delivering as one'. The resource mobilization strategy will consider co-financing with the Government, United Nations partner agencies and other development partners on identified priorities and funding gaps. UNFPA will proactively participate in joint programmes and projects in reproductive health, youth, gender-based violence and data collection.

16. National execution will be promoted as the implementation modality. UNFPA will select implementing partners based on their strategic position and ability to deliver high-quality programmes, monitor their performance and periodically adjust implementing arrangements. It will continue to promote South-South cooperation and regional intercountry cooperation. UNFPA will develop a monitoring and evaluation plan and related tools for periodic progress reviews, in line with strategic plan requirements and country needs.

17. The UNFPA country director will oversee programme implementation, with country office staff performing management and development effectiveness functions, funded from

the UNFPA integrated budget. UNFPA will allocate programme resources for staff to provide technical and programme support and may recruit national project personnel as needed. The country office will seek enhanced support from the regional office, especially for areas not covered by the country programme, and guidance from the technical units at UNFPA headquarters, as appropriate.

RESULTS AND RESOURCES FRAMEWORK FOR SERBIA (2016-2020)

National priorities: European Union integration; social policy and employment; consumer and health protection; environment; education and culture; justice and fundamental rights
UNDAF outcome: By 2020, quality, inclusive, equitable, gender-sensitive, and age-appropriate health services to protect patient rights are available and utilized by all

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicator(s): • Prevalence of modern contraceptive methods among women (aged 15–49 years) who are married or in union *Baseline: 18.4; Target: 20* Roma *Baseline: 7.2 Target: 9*	Output 1: Increased national capacity to deliver integrated sexual and reproductive health services with focus on marginalized populations, including in humanitarian settings	• Number of guidelines, protocols and standards for healthcare workers developed for delivery of integrated quality SRH services (including for adolescents and youth) *Baseline: 0; Target: 4* • Mechanism for maternal death surveillance and response system established at national level *Baseline: No; Target: Yes* • Costed integrated national sexual and reproductive health action plan in place *Baseline: 0; Target: 1* • Minimum Initial Service Package for reproductive health in crisis situations integrated into state emergency-preparedness plans *Baseline: No; Target: Yes* • Gender-based violence prevention, protection and response integrated into national sexual and reproductive health programmes *Baseline: No; Target: Yes*	Ministry of Health; institutes of public health; United Nations agencies; civil society organizations	$0.8 million ($0.4 million from regular resources and $0.4 million from other resources)
National priority: European Union integration; social policy and employment; consumer and health protection; environment; education and culture; justice and fundamental rights **UNDAF outcome:** By 2020, quality, inclusive, equitable, gender-sensitive, and age-appropriate health services that protect patient rights are available and utilized by all				
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health. Outcome indicator(s): • Number of policies and programmes in place addressing sexual and reproductive health needs of youth and adolescents, including marginalized youth *Baseline: 0; Target: 3*	Output 1: Increased national capacity to conduct evidence-based advocacy for incorporating the human rights and needs of adolescents and youth in national laws, policies and programmes, including in humanitarian settings	• Number of policies or programmes that address or include marginalized adolescents and youth needs *Baseline: 0; Target: 2* • Percentage of secondary schools that introduce comprehensive sexuality education aligned with international standards *Baseline: 0; Target: 13%* • Number of country-wide civil society initiatives addressing adolescent girls at risk of child marriage *Baseline: 0; Target: 2* • Number of participatory platforms that advocate for increased investments in marginalized adolescents and youth *Baseline: 0; Target: 1* • Number of civil society initiatives involving young men and boys in addressing gender-based violence *Baseline: 1; Target: 3*	Ministry of Health; Ministry of Education; Ministry of Youth and Sports; United Nations agencies; civil society organizations	$0.75 million ($0.45 million from regular resources and $0.3 million from other resources)

National priority: European Union integration; social policy and employment; consumer and health protection; environment; education and culture; justice and fundamental rights **UNDAF outcome:** By 2020, quality, inclusive, equitable, gender-sensitive, and age-appropriate health services that protect patient rights are available and utilized by all				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator(s): • Percentage of social development policies that are evidence-based (and respond to demographic trends) *Baseline: to be established* *Target: 100%*	Output 1: Strengthened institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on emerging population issues (low fertility, ageing, gender equality and migration) and their links to sustainable development	• Number of policies developed at national level using secondary analysis of census data *Baseline: 0;Target: 3*	Ministry of Health; Ministry of Education; Ministry of Youth and Sports; United Nations agencies; civil society organizations	$0.75 million ($0.45 million from regular resources and $0.3 million from other resources) Total for programme coordination and assistance: $0.2 million from regular resources